

## Montana Communicable Disease Weekly Update: 02/19/10



### DISEASE INFORMATION

**Summary – Week 6 – Ending 02/13/10** – Disease reports received at DPHHS during the reporting period February 7-13, 2010 included the following:

- Vaccine Preventable Diseases: Pertussis (2), Varicella (3)
- Enteric Diseases: Campylobacteriosis (1), Cryptosporidiosis (1), Giardiasis (2), non0157 STEC (1), Salmonellosis (2)
- Other Conditions: Legionellosis (1)
- Travel Related Conditions: None
- *NOTE: The report has multiple pages reflecting the following information: (1) vaccine preventable and enteric diseases YTD; (2) other communicable diseases YTD; (3) cases just this week; (4) clusters and outbreaks; and (5) an STD summary.*

### **NEW! Surveillance Snippets**

- When reporting any vaccine preventable disease, it is very important to collect travel / exposure history and vaccination information, including dates of travel and dates of vaccination!
- Clusters of varicella are being reported throughout the state. Strategies for controlling outbreaks can be found at <http://www.cdc.gov/vaccines/vpd-vac/varicella/outbreaks/manual.htm>.

### THE “BUZZ”

#### Influenza

During week 6 (02/13/10), influenza activity stayed at the same level with no states reporting widespread activity; 3 states, regional; PR and 9 states, local activity; DC, and 35 states, sporadic activity; 3 states, no activity; and Guam did not report. Influenza and pneumonia deaths and doctor visits for flulike illnesses dropped below baseline levels. (<http://www.cdc.gov/flu/weekly/>)

**Activity in Montana** – Activity level in Montana is **NO ACTIVITY**.

**NEW!** Influenza activity continues to decline in the state. As of February 13, 2010, 761 MPHL PCR confirmed influenza cases had been reported from 40 counties since August 30, 2009. **No MPHL PCR confirmed cases have occurred since January 16, 2010.** Of the 2792 specimens submitted to the Montana Public Health Laboratory since August 30, 2009, 761 (>99%) have been confirmed as 2009 H1N1 influenza cases.

**NEW!** Of the 10,685 reports of confirmed or suspected H1N1 cases from providers and local health departments, 181 were hospitalized. 41% were female. Median age of those hospitalized was 42 (range 1 month – 88 years). 62% had underlying health conditions. Seventeen influenza-related deaths have been reported in Montana.

**NEW! Rapid tests are not performing reliably at this point; false positives are occurring. If providers want accurate information about influenza status on a patient, it is recommended that specimens be sent to the Montana Public Health Laboratory for PCR testing.** Current information on influenza testing by the Montana Public Health Laboratory can be found at <http://www.dphhs.mt.gov/PHSD/Lab/enviro-lab-index.shtml>.

#### Diarrheal Disease and Food Recalls

**NEW! Norovirus** – Norovirus clusters, including some in long term care facilities have been reporting since the beginning of the year. Guidance documents can be found at: <http://www.dphhs.mt.gov/PHSD/epidemiology/cdepi-norovirus.shtml>.

### INFORMATION / ANNOUNCEMENTS

**NEW! STD Report Available** - The Indian Health Service (IHS) National Sexually Transmitted Disease (STD) Program has just released its new *Indian Health Surveillance Report – Sexually Transmitted Diseases 2007*. The report presents statistics and trends for STDs among American Indians and Alaska Natives (AI/AN) in the United States. This report is the product of collaboration between the Centers for Disease Control and Prevention (CDC) and the Indian Health Service that provides a national profile as well as STD rates and trends for the 12 IHS administrative areas. The report is currently available electronically at: [http://www.cdc.gov/STD/stats/IHS/IHS-SurvRpt\\_Web508Nov2009.pdf](http://www.cdc.gov/STD/stats/IHS/IHS-SurvRpt_Web508Nov2009.pdf).

**Mumps Outbreak – New York** - The largest U.S. mumps outbreak since 2006 began at a summer camp in New York in June 2009 when a camper who acquired the disease in England came down with symptoms while at camp. As of January 29, 2010, a total of 1,521 cases had been reported, with onset dates from June 28, 2009, through January 29, 2010. The outbreak has remained confined primarily to the tradition-observant Jewish community in new York, with <3% of cases occurring among persons outside the community. The largest percentage of cases (61%) has occurred among persons aged 7--18 years, and 76% of the patients are male. Among the patients for whom vaccination status was reported, 88% had received at least 1 dose of mumps-containing vaccine, and 75% had received 2 doses. **Suspect cases of mumps should be evaluated using the current case definition which includes specific information about recommended laboratory testing** ([http://www.cdc.gov/ncphi/diss/nndss/casedef/mumps\\_2008.htm](http://www.cdc.gov/ncphi/diss/nndss/casedef/mumps_2008.htm)). **It is also important to remember that parotitis may be caused by a number of other pathogens, so laboratory testing is necessary to confirm the diagnosis of mumps.** Information about mumps and mumps vaccination: <http://www.cdc.gov/vaccines/vpd-vac/mumps/default.htm>.

### ***End of Year Surveillance Activities - IMPORTANT!***

**Communicable Disease Reporting 2009 Reconciliation** – CDEpi has begun the process of reconciling 2009 data. Watch for line lists sent via ePASS from Elton Mosher. Please review these line lists to ensure that disease cases that we have match those that are in your records. *Goal is to have this activity completed by March 1, 2010!* Thanks for your assistance!

## **PHEP ACTIVITIES**

**24/7 Test Calls** – CDEpi will be conducting testing of local health jurisdiction 24/7 notification systems during February. This testing is to ensure that anyone that calls the local health jurisdiction 24/7 number will get a response within 30 minutes. Please make sure that your 24/7 number contact (e.g., sheriff's dispatch, hospital ER) knows how to get in contact with a designated health department contact via a call down list of cell phones and/or land lines. 24/7 numbers should be phones that are staffed 24/7 and it is preferred that this be a sheriff's dispatch, hospital ER or answering service, *not* a cell phone. Any changes to the local health jurisdiction's 24/7 number should be noted on the quarterly PHEP report (page 2).

## **24/7 AVAILABILITY**

The Communicable Disease Epidemiology program is available 24 hours a day/7days a week/365 days a year. Please call 406.444.0273 if you need immediate communicable disease epidemiology assistance. The answering service will take a message and we will return the call as quickly as possible.

*This newsletter is produced by the Montana Communicable Disease Epidemiology Program. Questions regarding its content should be directed to 406.444.0273 (24/7/365). For more information: <http://cdepi.hhs.mt.gov>.*